

706562

Express Mailing Label B 10501646

Case Docket No. 220.4133P

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted with for filing is the patent application of

Inventor: MONTAGNIER ET AL.

For: ANTIGENS, MEANS AND METHODS FOR THE DIAGNOSIS OF LYMPHADENOPATHY  
AND ACQUIRED IMMUNE DEFICIENCY SYNDROME

Enclosed are:

- (X) Drawings (Informal)
- ( ) An assignment of the invention to \_\_\_\_\_
- ( ) A certified copy of a \_\_\_\_\_ application.
- ( ) An associate power of attorney.
- ( ) A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.

The filing fee has been calculated as shown below:

|  | (Col. 1)  | (Col. 2)  | SMALL ENTITY |       |    | OTHER THAN A SMALL ENTITY |       |
|--|-----------|-----------|--------------|-------|----|---------------------------|-------|
| FOR:   | NO. FILED | NO. EXTRA | RATE         | FEE   | OR | RATE                      | FEE   |
| BASIC FEE  |           | *         |              | \$150 |    |                           | \$300 |
| TOTAL CLAIMS :   | 14 -20=   | 0         | x5=          | \$    |    | x10=                      | \$    |
| INDEP CLAIMS   | 3 -3=     | 0         | x15=         | \$    |    | x30=                      | \$    |
| MULTIPLE DEPENDENT CLAIM PRESENTED                                   |           |           | x50=         | \$    |    | +100=                     | \$    |
| * If the difference in Col. 1 is less than zero, enter "0" in Col. 2 |           |           | TOTAL \$     |       | OR | TOTAL \$                  | 300   |

- (X) Please charge my Deposit Account No. 23-0813 in the amount of \$ 300.00 . A duplicate copy of this sheet is enclosed.
- ( ) A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-0813 . A duplicate copy of this sheet is enclosed.
- (X) Any additional filing fees required under 37 CFR 1.16.
- (X) Any patent application processing fees under 37 CFR 1.17.

February 28, 1985  
(date)

*Barbara V. Maurer*  
BARBARA V. MAURER, Regn. 31,278  
Weiser & Stapler, P.C.  
1510 Two Penn Center Plaza  
Philadelphia, PA 19102  
(215) 563-6600

3064A



706562

DATE OF DEPOSIT: February 28, 1985

EXPRESS MAIL  
MAILING LABEL NO.: B 16501646

CASE DOCKET NO.: 220.4133P

INVENTOR(S): MONTAGNIER ET AL

TITLE: ANTIGENS, MEANS AND METHODS FOR THE DIAGNOSIS  
OF LYMPHADENOPATHY AND ACQUIRED IMMUNE  
DEFICIENCY SYNDROME

## ENCLOSED ARE:

Patent Application  
Declaration and Power of Attorney (Unsigned)  
Transmittal sheet  
Postcards (2)  
Drawings (Informal)

I hereby certify that this paper or fee is being  
deposited with the United States Postal Service "Express  
Mail Post Office to Addressee" service under 37 CFR 1.10  
on the date indicated above and is addressed to the  
Commissioner of Patents and Trademarks, Washington,  
D.C. 20231.

Kathryn E. Moser  
NAME (PRINTED OR TYPED)Kathryn E. Moser  
SIGNATURE